

Individual Income Tax Return
RESIDENT

2002

DO NOT WRITE OR STAPLE IN THIS SPACE

PART-YEAR RESIDENTS MUST USE FORM N-15.

RESIDENTS FILING A FEDERAL TAX RETURN SHOULD USE FORM N-11.

Calendar Year 2002

or other tax year beginning _____, 2002 and ending _____, 20____

☐ Check box if filing for the first time or if address has changed

AMD UNP 008 PNT INT

USE STATE LABEL OTHERWISE PRINT OR TYPE	Your first name and initial	Last name	Your social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Present mailing or home address (Number and street, including apartment number or rural route)		Your occupation
	City, town or post office, State and ZIP code. If you have a foreign address, see Instructions.		Spouse's occupation

HAWAII ELECTION
CAMPAIGN FUND

Do you want \$2 to go to the Hawaii Election Campaign Fund?

Yes

No

If joint return, does your spouse want \$2 to go to the fund?

Yes

No

Note: Checking "Yes" will not increase your tax or reduce your refund.

FILING
STATUS1 ☐ Single (Check only ONE box)2 ☐ Married filing joint return (even if only one had income).3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. •4 ☐ Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ➤5 ☐ Qualifying widow(er) with dependent child (Year spouse died •).

EXEMPTIONS

Caution: If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 33.

6a ☐ Yourself☐ Age 65 or over

Enter number of boxes checked on 6a and 6b ➤

6b ☐ Spouse☐ Age 65 or overIf you checked box 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, check here ☐

Dependents:

6c
and
6d

1. First and last name

If more than 3 dependents use attachment

2. Dependent's social security number

3. Relationship

Enter number of your children listed ➤

6c ➤

Enter number of other dependents ➤

6d ➤

Add numbers entered in boxes above ➤

6e ➤

6e Total number of exemptions claimed

INCOME

7 Wages, salaries, tips, etc. (Attach Form(s) W-2)

7●

00

8 Interest income from the worksheet on page 29 of the Instructions.....

8●

00

9 Ordinary dividends

9●

00

10 State income tax refund from the worksheet on page 29 of the Instructions.....

10●

00

11 Alimony received: Enter name and address of payer

11

00

12 Business or farm: main business activity/product

G.E. I.D. No.

12a Gross receipts from business or farm

12a

00

12b Net income or (loss) after subtracting expenses from business or farm

12b●

00

13 Capital gain or (loss) from worksheet on page 29 of Instructions

13●

00

14a Total IRA distributions.....

14a

00

14b Taxable amount (see page 34 of the Instructions) ...

14b●

00

15a Total pensions and annuities.....

15a

00

15b Taxable amount (see page 34 of the Instructions) ...

15b●

00

16a Rents received. G.E. I.D. No.

16a

00

16b Net rental income or (loss) after subtracting expenses

16b●

00

17 Unemployment compensation (insurance).

17●

00

18 Other income (state nature and source)

18●

00

19 Add amounts in far right column for lines 7 through 18.....

Total Income ➤

19●

00

ADJUSTMENTS
TO INCOME

20 IRA deduction

20

00

21 Student loan interest deduction from worksheet on page 30 of the Instructions...

21

00

22 Archer MSA deduction.....

22

00

23 Moving expenses

23

00

24 One-half of self-employment tax

24

00

25 Self-employed health insurance deduction

25

00

26 Self-employed SEP, SIMPLE, and qualified plans

26

00

27 Interest penalty on early withdrawal of savings

27

00

28 Alimony paid

28

00

Enter name and social security number of recipient

29 Payments to an individual housing account

29●

00

30 First \$1,750 of military reserve or Hawaii national guard duty pay.....

30●

00

31 Add lines 20 through 30.....

Total Adjustments ➤

31●

00

AGI

32 Line 19 minus line 31.....

Adjusted Gross Income ➤

32●

00

• ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE • ATTACH COPY B OF FORM HW-2 HERE •

TAX COMPUTATION	33 Amount from line 32. (adjusted gross income)	33		00
	CAUTION: If you can be claimed as a dependent on another person's return, check here <input type="checkbox"/> • and see the Instructions on page 37.			
	34 If you do not itemize your deductions, go to line 35 below. Otherwise go to page 37 of the Instructions and enter your itemized deductions here.			
	34a Medical and dental expenses (from Worksheet A-1)	34a •		00
	34b Taxes (from Worksheet A-2)	34b •		00
	34c Interest expense (from Worksheet A-3)	34c •		00
	34d Contributions (from Worksheet A-4)	34d •		00
	34e Casualty and theft losses (from Worksheet A-5)	34e •		00
	34f Miscellaneous deductions (from Worksheet A-6)	34f •		00
	35 Enter the larger of your: } Itemized Deductions — If line 33 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 28 of the Instructions. If not, add lines 34a through 34f. OR } Standard Deduction shown below for your filing status. Single — \$1,500 Head of household — \$1,650 Married filing jointly or Qualifying widow(er) — \$1,900 Married filing separately — \$950		35 •	
36 Line 33 minus line 35. (This line MUST be filled in)		36 •		00
37 Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse, and see page 38 of the Instructions.		37 •		00
38 Taxable Income. Line 36 minus line 37 (but not less than zero) Taxable Income ➤		38 •		00
39 Tax. Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule; <input type="checkbox"/> Form N-168; <input type="checkbox"/> Form N-615; or <input type="checkbox"/> Capital Gains Tax Worksheet on page 28 of the Instructions. Net capital gain from line 14 of Capital Gains Tax Worksheet • (• <input type="checkbox"/> Include separate tax from Forms N-2, N-103, N-152, N-312, N-318, N-405, N-586, or N-814) Tax ➤		39 •		00
TAX PAYMENTS AND CREDITS	40 Total nonrefundable tax credits (attach Schedule CR)	40		00
	41 Line 39 minus line 40 (but not less than zero) Balance ➤	41		00
	42 Hawaii State Income tax withheld and tax withheld on IHA distribution	42 •		00
	43 2002 estimated tax payments	43 •		00
	44 Amount of estimated tax applied from 2001 return	44 •		00
	45 Amount paid with extension(s)	45 •		00
	46 Low-Income Refundable Tax Credit (attach Schedule X) DHS, etc. exemptions •	46 •		00
	47 Credit for Low-Income Household Renters (attach Schedule X)	47 •		00
	48 Credit for Child and Dependent Care Expenses (attach Schedule X)	48 •		00
	49 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)	49 •		00
50 Credit for \$1 general income tax (see page 40 of the Instructions)	50 •		00	
51 Total refundable tax credits from Schedule CR (attach Schedule CR)	51		00	
52 Add lines 42 through 51 Total Payments and Credits ➤		52 •		00
REFUND OR AMOUNT YOU OWE	53 If line 52 is larger than line 41, enter the amount OVERPAID (line 52 minus line 41)	53 •		00
	54 Amount of line 53 to be applied to your 2003 ESTIMATED TAX	54 •		00
	55 Line 53 minus line 54	55 •		00
	56 Contribution to Hawaii School-Level Minor Repairs and Maintenance Special Fund. (See Instructions) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse. (Enter \$2 if one box is checked, or \$4 if both boxes are checked)	56		00
	57 Amount to be REFUNDED TO YOU (line 55 minus line 56). If filing late, see page 41 of Instructions	57		00
	58 AMOUNT YOU OWE (line 41 minus line 52). Send Form N-200V with your payment	58 •		00
59 Estimated tax penalty. (See page 41 of Instructions.) Also include this amount in line 53 or 58, whichever applies. Check box if Form N-210 is attached ➤ <input type="checkbox"/>		59 •		00
DESIGNEE	60 If you don't need Hawaii income tax forms mailed to you next year, check here to receive a preprinted label only: • <input type="checkbox"/>			
	61 Proceeds from the sale of a qualified high technology business' NOL • \$			
If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 42 of the Instructions. Designee's name ➤ _____ Phone no. ➤ _____ Identification number ➤ _____				

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

PLEASE SIGN HERE	➤ _____ Your signature		➤ _____ Spouse's signature (if filing jointly, BOTH must sign)		
	_____ Date		_____ Date		
	Paid Preparer's Information	Preparer's Signature and date Print Preparer's Name ➤ _____		Preparer's identification number	Check if self-employed ➤ <input type="checkbox"/>
		Firm's name (or yours if self-employed), Address, and ZIP Code ➤ _____			
		Federal E.I. No. ➤ _____			
		Phone no. ➤ _____			